

ATTACHMENT A

Purpose: This funding provides Grantee with resources to prepare for and respond to ongoing and emerging outbreaks of novel H1N1 influenza virus, protect the public health, and prepare for additional waves of the current pandemic or outbreaks of other avian, swine, and human influenza viruses.

Requirements:

Pursuant to the Centers for Disease Control & Prevention's (CDC) grant guidance, Grantee shall have a comprehensive plan in place no later than September 15, 2009, for a potential mass vaccination campaign.

Grantee is expected to utilize this funding to assess their current capabilities in pandemic influenza response and address remaining gaps in the following areas:

(1) Vaccination

- Identify locations & staffing requirements for public health-organized clinics
- Estimate the population to be targeted
- Identify and engage private sector partners for potential vaccine administration based on the scenarios for planning provided by the Centers for Disease Control & Prevention (CDC)
- Develop methods to monitor vaccine handling and administration (inventory management)
- Evaluate cold chain capacity and enhance where needed
- Ensure provider awareness of the Vaccine Adverse Events Reporting System (VAERS)
- Finalize agreements for contracting staff & vaccination venues

NOTE: Contracts must allow for termination for convenience and de-obligation of funds remaining if the decision is made not to conduct a full-scale vaccination campaign.

(2) Antiviral Distribution/Dispensing and Administration

- Identify and engage private sector partners for antiviral dispensing
- Assure availability of antivirals to individuals at greatest risk of morbidity and mortality

(3) Community Mitigation

- Finalize community mitigation strategies
- Consider ways to minimize the second & third order effects of community mitigation strategies

(4) Community & Personal Preparedness Activities

- Consider convening local public health, education, business, community organizations, parents and public leaders to discuss pandemic preparedness planning and to jointly review and revise plans for community mitigation measures as well as engage in exercises

(5) Public & Risk Communication

- Develop plans to create, translate, and disseminate messages and materials tailored to the local situation

- Educate the public about appropriate influenza-related behaviors (e.g. – hand hygiene, cough etiquette, staying home when sick), school dismissal and childcare closure policies, as well as resources for parents, businesses and others to minimize the secondary consequences of such actions

(6) Protecting the Public Health Workforce

- Purchase personal protective equipment
- Purchase antivirals

(7) Training & Education of the Public Health Workforce

Grantee agrees to the monitoring and reporting requirements of vaccine doses administered as defined by the Indiana State Department of Health. Grantee shall ensure that providers who engage in vaccination will comply with all applicable data reporting requirements for doses administered.

Grantee agrees to dispense (stockpiled) antivirals and administer vaccine pursuant to guidance from the Indiana State Department of Health.

Grantee shall complete and submit surveys and/or progress reports upon request.

Budget:

Funding for this project is being released from the CDC to the Indiana State Department of Health in two phases. Upon approval of the State Budget Agency, up to 25% of Grantee's Phase I allocation may be released to the Grantee in advance of expenses incurred. Documentation memorializing the costs for these funds once they are expended must be submitted before further invoices will be paid for costs incurred beyond the initial 25% award. ISDH will provide the template for submission of this documentation. Advanced funds not expended by July 30, 2010, must be returned to the Indiana State Department of Health.

Grantee must submit a budget detailing the proposed use of remaining grant funds no later than October 1, 2009. The proposed budget shall cover the remainder of the total award (i.e. – the remaining 75% of the Phase I allocation and 100% of the Phase II allocation). ISDH will provide the budget proposal template. If it is determined that the proposed budget is not acceptable, ISDH personnel will contact the Grantee to alter or further develop the proposal as necessary. This approved budget may be altered, if necessary, on a monthly basis with written approval by ISDH. The purpose of the budget proposal is to prevent unallowable purchases from occurring. However, final approval of all purchases will occur only when the Grantee submits the item for reimbursement in the ISDH Claims Management System. Itemization will be required in the portal at the time of claim submission.

The Grantee may have access to the remainder of their award for reimbursement once the above mentioned documentation concerning the 25% advance is received and the proposed budget is approved by ISDH staff. Thus, Grantee may have access to grant funds prior to the full completion of the required activities above. If funds are received by Grantee through this grant agreement without all grant requirements being met by the expiration of this grant agreement, the ISDH may withhold reimbursement and/or sanction the Grantee pursuant to the Payment of Grant Funds by the State clause in this grant agreement.

This is a cost reimbursement agreement. All claims for reimbursement shall be submitted electronically through the ISDH Claim Management System within the Indiana Health Data Center Portal. Reimbursement requests shall be submitted monthly in arrears. Please note that all reimbursements reported as “Miscellaneous – Other” will require further information within the claims system.

The Grantee must maintain copies of all source documentation for reimbursements claimed. A copy of this documentation does not have to be submitted to the State in conjunction with the claim, but may be requested at any time pursuant to the Access to Records clause in this grant agreement.

**** All grant funds must be encumbered on or before July 30, 2010. ****

Supplementary Information:

Commingling of Funds: The commingling of funds between the Public Health Emergency Preparedness (PHEP) and Public Health Emergency Response (PHER) programs is not allowed.

Time & Activity Cost Allocations: Please note that OMB Circular A-87, Appendix B Part 225, section 8 provides specific requirements for compensation reimbursement of personnel services. Please specifically note the requirements established under 8H4 for documentation of salary and fringe cost distributions when a position is funded by more than one source.

Allowable & Unallowable Costs: Proposed use of funds may include personnel, consulting, travel, supply, equipment, contractual, and other operating costs. The following cost types are not allowable for reimbursement. Please note that this list is not meant to be all-inclusive, but to identify quick responses to those most frequently requested. A quick reference table specifying some allowable and unallowable types of cost can also be referenced in “Exhibit 4” of the PHS Policy Grants Statement (pages: II-31 through II-44).

- Funds may not be used to supplant other federal, state or local expenditures.
- Funds may not be used to purchase vehicles of any kind.
- Funds may not be used for construction.
- Funds may not be encumbered for use in the next fiscal year.
- Funds may not be held or set aside as contingency funds.
- Funds may not be used for research.
- Funds may not be used for clinical care.

Funds may be used for, but are not limited to, the following purposes:

- **Hiring of staff** to conduct accelerated antiviral or vaccine planning, preparation, and implementation activities.
- **Purchasing supplies** that will be needed during the event (e.g., storage space, cold-chain supplies, ancillary supplies for vaccination, lab testing supplies, general supplies, personal protective equipment and antivirals for public health response workers in accordance with CDC National Institute for Occupational Safety and Health guidelines, and non-pharmaceutical supplies).
- **Purchasing equipment** and related items to ensure infrastructure capability for vaccine inventory and data management.
- **Travel** for planning, conferences, and training related to pandemic preparedness activities.

- **Pre-award costs** related to 2009 H1N1 response activities incurred up to ninety (90) days prior to the start date of this grant agreement.

Funds may also be used to initiate contracts for the following purposes with the condition that the contracts: **(1)** include a statement that the contract will only be executed following a decision by the federal government to initiate a mass vaccination campaign; **(2)** include a termination for convenience clause, and; **(3)** include a clause de-obligating funds remaining if a decision is made to not conduct a full-scale vaccination campaign.

- Temporary staff and/or local organizations (e.g., visiting nurses, community vaccinators) to ensure personnel will be available to vaccinate (or for antiviral distribution) when vaccine clinics begin.
- Adequate storage space for sufficient quantities of vaccine.

Additional Resources: In addition to the Federal and State legal authority referenced within the main body of this agreement, the following is a list of references that may be used to determine whether or not the proposed use of funds by the LHD are allowable under this agreement:

- 45 CFR 92 – quick internet reference:
http://www.access.gpo.gov/nara/cfr/waisidx_99/45cfr92_99.html
- OMB Circular A-87: This circular establishes the cost principles for costs incurred by state, local and Federally-recognized Indian tribal governments under the cooperative agreement.
http://www.whitehouse.gov/omb/fedreg/2005/083105_a87.pdf
- OMB Circular A-102: This circular establishes the uniform administrative requirements for cooperative agreements to state and local governments and Federally-recognized Indian tribal governments. <http://www.whitehouse.gov/omb/circulars/a102/a102.html>
- OMB Circular A-133: This circular establishes the standards by which Federal audits of state and local governments, Indian Tribes, and non-profit organizations will be conducted.
<http://www.whitehouse.gov/omb/circulars/a133/a133.html>
- HHS Policy Grants Statement: The Health and Human Service Policy Grants statement provides additional guidance and administrative terms and conditions of HHS discretionary grant awards and cooperative agreements. http://www.hhs.gov/grantsnet/docs/HHSGPS_107.doc